

IDAHO PROFESSIONAL-TECHNICAL UNIT DOCUMENTATION

(A COPY OF THIS FORM SHOULD BE COMPLETED BY EACH INSTRUCTOR)

A. GENERAL INFORMATION

DIST NUMBER	NAME OF SCHOOL OR INSTITUTION		SCHOOL NO.	SCHOOL TELEPHONE NO.
PROGRAM NAME		PROGRAM I.D.	PROGRAM CODE	NO. OF PERIODS IN A NORMAL SCHOOL DAY
INSTRUCTOR (LAST NAME)		(FIRST NAME)	(MI)	SOCIAL SECURITY NUMBER
				TIME BEYOND THE NORMAL ACADEMIC YEAR

B. INSTRUCTOR SCHEDULE

SEMESTER I					SEMESTER II				
Per iod	Beginning Class Time	Class Title or Other Assignment	Class Code	Enrollment	Per iod	Beginning Class Time	Class Title or Other Assignment	Class Code	Estimated Enrollment
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				
TOTAL ENROLLMENT:					TOTAL ESTIMATED ENROLLMENT:				

C. INSTRUCTOR UPDATE

SEMESTER III				
Per iod	Beginning Class Time	Class Title or Other Assignment	Class Code	Estimated Enrollment
1				
2				
3				
4				
5				
6				
7				
8				
TOTAL ESTIMATED ENROLLMENT:				

E-Mail Address

Home Address
(Street, P.O. Box or Rural Route)

City, State, Zip

Home Telephone

D. SIGNATURES

Instructor	Date	School Administrator	Date
------------	------	----------------------	------

FOR STATE USE ONLY

Cert	Endorsements	Staff FTE	Signature of State Program Manager	Date
Expires				

PLEASE RETURN THIS FORM TO THE STATE DIVISION - MAKE A COPY FOR YOUR FILES